DOCUMENT RESUME

ED 335 113 PS 019 665

TITLE	Preventing Damaged Lives: A Family Support System for Arizona's Children.
INSTITUTION	Children's Action Alliance, Phoenix, AZ.
SPONS AGENCY	Arizona Community Foundation, Phoenix.; Arizona State Dept. of Health Services, Phoenix.; Tucson Community Foundation, AZ.
PUB DATE	Sep 90
NOTE	36p.
AVAILABLE FROM	Children's Action Alliance, 4001 North Third Street, Suite 160, Phoenix, AZ 85012.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	At Risk Persons; *Childhood Needs; *Family Problems; *Family Programs; *Innovation; Models; Prevention; Profiles; Program Descriptions; Program Development; Social Problems; Social Services; State Programs
IDENTIFIERS	*Arizona

ABSTRACT

This report was written in an effort to establish a new strategy for reducing the odds of failure for thousands of Arizona's vulnerable children and their families. It echoes the sentiments of a growing number of policymakers, concerned citizens, and parents who hold that the cost of child and family problems is so dramatic, and the amount of preventive investment so inadequate, that substantive and radical changes must occur in the design, delivery, and philosophy of child and family services if children's lives are not to be horribly damaged. The recommended strategy is new in the attention it gives to the interrelated nature of families' problems and the designing of an integrated, comprehensive family support system that is accessible and understandable. Section 1 of this report describes the troubling condition of Arizona's children. Section 2 articulates a prevention strategy that could fundamentally change the approach to the delivery of services to vulnerable children and their families. Section 3 describes an agenda for moving Arizona's policies and priorities toward investment, rather than expenditure, for Arizona's children and families. Attachments include descriptions of innovative programs in several states and source information. (RH)

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Preventing Damaged Lives

A Family Support System for Arizona's Children

Commissioned by:

Arizona Community Foundation

Tucson Community Foundation

Arizona Department of Health Services
Children's Behavioral Health Council

Prepared by:
CHILDREN'S ACTION ALLIANCE

September 1990

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FOREWORD

The Arizona Community Foundation, the Tucson Community Foundation, and the Arizona Department of Health Services Children's Behavioral Health Council have developed a significant framework to improve prevention services to Arizona's children and families. We believe it is important to understand that framework.

The Arizona Community Foundation

In 1987, the Arizona Community Foundation received a Ford Foundation Leadership Challenge Grant of $500,000, one of eight awarded nationwide. The foundation created the Arizona Children's Trust Fund, a charitable endowment presently capitalized at $2.2 million, aimed at improving the quality of life for Arizona's children. The initial grant activities of the trust fund were targeted for children's mental health.

The Arizona Community Foundation commissioned the Program for Prevention Research, at Arizona State University to produce a feasibility study for its grants program. The Children At Risk report serves to "provide a solid knowledge and information base for policy making and resources allocation in prevention programming for children's mental health problems." To date, the trust fund has awarded nine grants totalling $250,000 to innovative community-based prevention programs using the Children At Risk report as its guide.

The Tucson Community Foundation

The Tucson Community Foundation, recipient of a $500,000 Ford/MacArthur Leadership Challenge Grant in 1988, initiated a unique community planning process and needs assessment. This project is designed to provide leadership in developing a broad-based plan for children's mental health services in Pima County, with an emphasis on prevention.

Published in May of 1990, the needs assessment was conducted by Information & Referral Services, Inc. It "identifies programs to promote healthy children and families, as well as gaps in service. It will serve as a blueprint to guide the community in efforts to create a stronger, more comprehensive mental health system." Funding priorities for the Tucson Community Foundation's grants program will be determined on the basis of the needs assessment and will be aimed at innovative community programs for at-risk children in Pima County.

The Children's Behavioral Health Council

The Children's Behavioral Health Council was legislatively created in 1987 with the passage of bills mandating the development of a children's behavioral health system. By law, 20 percent of each annual legislative appropriation for children's behavioral health is restricted to prevention/early intervention program funding.

The council published its first annual report in 1989 and has funded over 60 community-based prevention programs statewide during the last two years. Funding priority is given to programs serving at-risk children five years old and under that are family-focused, home and community-based, intensive, well coordinated; and that utilize strategies supported by prevention research and include outcome evaluation.

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Children's Behavioral Health Council

Children's Action Alliance

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INTRODUCTION

The significant problems we face cannot be solved at the same level of thinking with which we created them.

Albert Einstein

This report is intended to establish a new strategy to reduce the odds of failure for thousands of Arizona's vulnerable children and their families. It echoes the sentiments of a growing number of policy makers, concerned citizens and parents around the country: that the cost of child and family problems is so dramatic and the small amount of our preventive investment so inadequate, that substantive and radical changes need to occur in the design, delivery and philosophy of child and family services in order to prevent horribly damaged lives.

The report reflects the deep concerns of its commissioners — the Arizona Community Foundation, the Tucson Community Foundation, and the Arizona Department of Health Services Children's Behavioral Health Council — over the present condition of Arizona's children. The report's commissioners have recognized that the present hodgepodge of well-intentioned, usually uncoordinated efforts that deal with narrow aspects of children's lives after something terrible has happened to them or their families, is unconscionably costly in both human and fiscal terms.

There are three sections in the report: Section One describes the troubling condition of Arizona's children; Section Two articulates a prevention strategy that could fundamentally change the approach to the delivery of services to vulnerable children and their families; and Section Three describes an agenda for changing Arizona's policies and priorities toward investment rather than expenditures for Arizona's children and families.

The strategy recommended in this report is a starting point for changing the odds that many children in Arizona will not grow up to meet their potential. The ideas presented are not unique or new. They represent a vast and compelling body of knowledge verifying that a preventive investment in vulnerable young children and their families pays off in both human and fiscal terms. What is new, however, is the attention given to the interrelated nature of families' problems and the designing of an integrated, comprehensive family support system that is accessible and understandable.

The Board of Directors and staff of the Children's Action Alliance gratefully acknowledge the support and confidence of the Arizona Community Foundation, the Tucson Community Foundation and the Children's Behavioral Health Council. It is through the pioneering efforts of these organizations, and particularly the leadership of the individuals working within them, that the critical changes envisioned in this report can become a reality.

SECTION ONE

THE STATUS OF ARIZONA'S CHILDREN

NEGLECT OF AMERICA'S CHILDREN

Drugs, homelessness, lack of prenatal care, growing child poverty, teen pregnancy and parenthood, increasing reports of child abuse and neglect, and school failure are realities that add up to a crisis for children and families in America.

Nearly one out of every four children under the age of six lives in a family below the poverty line. In 1988, the poverty rate for these young children was higher than the rate for any other age group and nearly double the rate for the elderly. Although poverty is not always linked to family dysfunction, it is a risk factor strongly associated with a variety of negative outcomes. Almost every kind of childhood damage is more prevalent among the poor — increased infant mortality, gross malnutrition, recurrent and untreated health problems, child abuse, educational disability, low achievement, early pregnancy, alcohol and drug abuse.

The United States has the world's largest gross national product, yet, does not rank in the top 10 in many key measures that are crucial to children's health and well being. For example, the U.S. ranks 19th in infant mortality (behind Singapore, Hong Kong, Spain, Ireland), 21st in the mortality rate for children younger than five, 15th in the proportion of one year old children fully immunized against polio (behind Poland, Jordan, Czechoslovakia and Chile), and 8th in childhood poverty among eight industrialized countries that include Switzerland, Sweden, Norway, West Germany, Canada, the United Kingdom, and Australia.[1]

If the devastating trends in child poverty, infant and child mortality, child abuse and neglect and school failure continue, many believe that the ability of the United States to compete much less innovate and lead in the twenty first-century, will be irreparably damaged.

NEGLECT OF ARIZONA'S CHILDREN

More than most other states, Arizona is simply not adequately addressing the condition of its children — we have one of the worst records in the country. On a scale of one to 100 in a recent "report card" released by the Children's Defense Fund (CDF) on state performance in support of children, Arizona managed to rack up only 20 points, and this is compared to the distressingly low national average of 32 points. According to CDF and other national reports, among the 50 states (1 is high and 50 is low) we rank:

- 32nd because of the percent of children living in poverty.
- 37th because of the proportion of youth unemployment.

- 43rd in support of affordable housing.
- 45th in the proportion of women who have early prenatal care.
- 45th because of the proportion of births to teen mothers.
- 48th because of the rate of juvenile incarceration.
- 48th in high school graduation rate.
- 49th because of the rate of children and youth who take their own lives.
- 50th in the proportion of poor children who are in good early childhood programs such as Head Start.

The inadequacy of Arizona's financial commitments in key support programs for children and families serve to explain some of our ratings. According to reports recently issued by The Center for the Study of Social Policy and the Children's Defense Fund:

- Arizona spends about 20 percent less on drug and alcohol treatment compared to the national average.
- Arizona is 38th in pupil expenditures for public school children.
- Arizona is 42nd in the nation in the percentage spent on public assistance.
- Arizona is 43rd in the nation on expenditures for prenatal care.
- Arizona is 50th in the nation in expenditures for treatment of mental illness and behavioral health services.

These low rankings and Arizona's insufficient financial and programmatic response add up to risk factors, that if neglected, will most certainly lead to damaged lives.

RISK FACTORS FOR ARIZONA'S CHILDREN

A risk factor is a life condition that is a predictor of impending disorders or problems and that create enormous burdens in the lives of disadvantaged families. Some of the risk factors affecting Arizona's children are poverty, abusive or neglectful parenting, mentally ill parents, parental substance abuse and too early parenting.

Poverty

Poverty is by far the most prevalent and corrosive risk to family life and healthy development. Yet, for a growing number of parents, due to a myriad of reasons including too-early child-bearing, an economy that generates large numbers of jobs at below-poverty wages, and the dramatic increase in the number of female-headed families (53 percent of all families in 1988), children are now the poorest Arizonans.

Well over 20 percent of Arizona's children are growing up in poverty.[2] Of the more than 68,000 babies in Arizona in 1990 at least 17,000 will be born into poverty. The poor are locked out of adequate housing, health care, quality child care, good schools, social supports, and the rest of what middle-income families consider essential to raise healthy families.

Abuse and Neglect

Abusive or neglectful parenting is destructive to the development of young children. Almost 36,000 reports of physical and sexual abuse were received by Child Protective Services in 1989.[3] If current trends continue, there will be as many as 50,000 reports of child abuse in 1992.[4] Child abuse not only results in life long psychological and physical damage, it is the fifth leading cause of death for Arizona Children.[5] Isolation, lack of parenting skills, school failure, stress due to poverty a. d family problems, and a family history that may include abuse, all contribute to a parent's potential to abuse. Regardless of the cause, the prevalence of child abuse represents considerable risk to Arizona children and families.

Substance Abuse

A parent who is addicted to alcohol, illegal, or prescription drugs cannot adequately care for and nurture a young child. Even before birth, the lives and future of babies are threatened by parents use of alcohol and other drugs. Although precise data are not available, doctors all over Arizona report unprecedented numbers of infants born addicted to illegal drugs or alcohol. If these babies survive, they face enormous odds, as they suffer the long term damaging effects of parental substance abuse. Children of parents addicted to illegal drugs or alcohol are at extremely high risk of physical abuse and neglect, developmental delay, early school failure, and mental illness later in life.

Parental Mental Illness

Parents with mental health problems may be unable to adequately care for their children. Without support, some chronically or seriously mentally ill parents have difficulty caring for themselves, lacking both the skills and resources to also care for their children. In Arizona, about 10% of persons suffering from mental disorders have at least one child.[6] Often these children spend time in and out of foster care weathering the episodic nature of their parents illness. Unfortunately, unless these

parents receive continuous treatment and support, their children risk growing up in unstable environments uncertain of the future.

Teen Parenting

Teen parents are often poorly prepared for the demands of parenthood. Moreover, they are more likely to be poor, isolated, school dropouts, and single than are older parents. Well over 3,000 teenagers **under** the age of eighteen give birth in Arizona every year.[7] Some of these young mothers are having their second or third baby. Considering these data, in 1990, there could be well over 6,000 babies from birth through age three with parents who are age 17 or younger. Because of their developmental stage and inexperience, these parents often have expectations for their infants and toddlers that are dangerously high. The needs of these young mothers (and it is usually the mother since 80% are unwed when they give birth)[8] for a sense of belonging and adult guidance are often unmet once they become parents. They and their infants often live day to day and by trial and error. The risks to both the parent and the child for damaged lives is very great indeed.

A PROFILE OF THE CLASS OF 2000

What does the prevalence of these risk factors mean for our state's future if we fail to undertake massive changes? A recent report by Arizona Citizen's for Education (ACE) presents disturbing predictions for those 62,599 children who entered first grade in the fall of 1988-the future class of 2000.

- 21,000 will not graduate with their classmates — only 64 percent will graduate.
- Nearly 3,000 girls will become pregnant before their 18th birthday.
- 1,200 boys and girls will be incarcerated at some time.
- More than 2,000 children will become victims of physical abuse and an even higher number will become victims of sexual abuse.
- 39,000 children will use alcohol and drugs before their 18th birthday.
- 70 children will commit suicide before their classmates graduate.

ADMINISTRATIVE AND FISCAL CONFUSION

Arizona's response to vulnerable children and their families is inadequate and ineffectual. Services for needy Arizona children and families are provided by a bewildering array of agencies at the federal, state, county, and city levels. These services include health care, behavioral health, education, child care, child welfare, housing, transportation, income maintenance, and juvenile justice. There is no integrated system or mechanism that addresses families' needs in a comprehensive manner and provides them with a logical way to access services. Moreover, service professionals within agencies rarely view their work as interactive and interdependent with the work of those in other agencies.

Exacerbating the administrative nightmare is that the services that do exist usually assist families only after a problem has reached crisis proportions. Arizona locks up more children than 48 other states at an annual cost of $30,000 per bed.[9] Yet, we currently spend very limited state dollars on early childhood programs for at-risk preschool children — programs that studies and experience show can break the link between early disadvantage and later joblessness, welfare dependence, and crime.

JEOPARDIZING OUR FUTURE

Far too many of Arizona's youngest children, in every community in the state, have the odds stacked against them. If the basic needs of a growing number of Arizona's children for health care, child care, shelter, and fundamental services are not met, they will not be prepared to achieve in school and become productive contributors to Arizona's economy. Their lives will be irreparably damaged and their future, and ours, in doubt.

If we don't deal with these basic childhood needs now, the situation will only get worse. It doesn't have to be this way. We know what works. Over the past 20 years, numerous and well-respected studies and demonstration projects have revealed that the conditions that threaten children's healthy growth and development can be prevented. The next chapter discusses a strategy to redirect our current priorities and prevent the damage facing thousands of our children.

Notes

[1] Children's Defense Fund, Children 1990:A Report Card, Briefing Book, and Action Primer, p.6

[2] The Center For The Study of Social Policy, Kids Count, January, 1990, p.8

[3] Arizona Department of Economic Security, Child Protective Services, 1988

[4] Governor's Office For Children, State of the Child, 1989, p.33

[5] The Arizona Association of Alcohol, Drug and Mental Health Treatment Programs, Decades of Neglect:Alarming Trends, 1989, p.

[6] Joanne C. Gersten, "Arizona's Children: Their Stressors, Health and Needs." Arizona Department of Health Services, Office of Planning and Health Status Monitoring.

[7] Christopher Mrela, "Teenage Pregnancy Report, 1988", Arizona Department of Health Services, Office of Planning and Health Status Monitoring, June, 1989.

[8] Ibid.

[9] The Center For The Study of Social Policy, Kids Count, January, 1990, p.8

SECTION TWO

WHAT COULD BE

For many children at-risk, modest help for them or their parents is often enough if timely and properly sustained. They need child care, not foster care; a check-up, not an intensive care bed; a buddy, not a guardian; drug education, not detoxification; Head Start, not years of special education; a scholarship, not a detention cell; a vaccination, not long term care. They need prevention, not remediation. But it has been too hard to get them what they need - even when we know what to do and even when it saves money.

SOS America!
Children's Defense Fund Budget, 1990

This section of the report describes a prevention strategy that can reduce the damaging conditions facing children growing up at-risk. This strategy is predicated on the knowledge and hard evidence that systematic intervention and support early in the life cycle, with the family as the focus of services, vastly improves the lifetime prospects of children growing up at-risk. The strategy is flexible, yet comprehensive, and can be applied in rural or urban areas, at both local and state levels, and on a small or broad scale. It is a strategy rooted in the concept that prevention is synonymous with family support.

ASSUMPTIONS

We begin with the assumption that prevention works. Empirical evidence and common sense tell us that prevention programs improve lives and save money. We now know which children in Arizona are headed for failure. Successful programs all over the country tell us how early and sustained intervention in the lives of those at-risk is working. (See Attachment A, "Lessons from Pioneering States").

Our second assumption is that Arizona can no longer afford the cost of failure. The price tag for school dropouts, teen parents, measles outbreaks, drug babies, prison construction, child abuse and mental illness are increasing daily. There is no way around the fact that Arizona is sacrificing thousands of lives and spending millions of dollars each year on problems that are preventable and expensive. We can afford what needs to be done. Prevention is a bargain when compared to the often long and costly process of treatment and remediation.

A third assumption is that the most effective way to reduce damaged lives is to support struggling families. A departure from traditional child welfare and family services, family support

programs emphasize early and continuing supports for parents. Successful programs have strong ties to neighborhoods and communities with a commitment to strengthening and empowering families. They involve parents as partners rather than as "recipients" of service.

A final assumption is that children grow up healthy and productive when they are raised in a nurturing family environment with basic needs met. All children need and deserve a good beginning, satisfaction of their basic needs and the opportunity to achieve their intellectual, educational and economic potential.

WHAT ALL CHILDREN NEED

1. **A good beginning**. This means a healthy mother, early and continuous prenatal care, well baby care, a stimulating environment and opportunities to experience early childhood education.

2. **The basics.** These include nutritious food; secure, sanitary shelter with adequate space; parenting free from abuse and neglect; access to well child care and early treatment of illness and disease; an enriching home life with opportunities for intellectual growth and development and a sense of family and community.

3. **Opportunities for economic independence and full participation in community life.** This means attaining a quality primary and secondary education, with opportunities for post high school education or vocational training; career options consistent with individual potential

When the family and community can meet these basic needs, children rarely fail to grow up healthy and competent, prepared to succeed in school and in life. An effective strategy to prevent damaged lives acknowledges and integrates the role of the family in caring for children.

OUR PRIORITIES

Primary targets of this prevention strategy are those young children through age six and their families whose lives are affected by poverty, abusive or neglectful parenting, parental mental illness, substance abuse, and teen parenthood. When families experience one or two of these risk factors, daily living is extremely hard, and the odds of successful parenting are diminished. When multiple risks are present, however, children and their families must have early, sustained, and intensive intervention to prevent damaged lives. Although at-risk older children must certainly be helped, support early in the life cycle is a more humane approach and is likely to be more effective and less costly.

In targeting at-risk Arizona children and their families, the distinct needs of rural children must be addressed. Rural at-risk children often face more formidable barriers to growing up healthy than do their urban peers. A greater proportion of the population in many rural communities lives in poverty. Social isolation, limited opportunities for employment and a lack of support services increase the risk of damaged lives. Critical resources such as preventive health care, child care, early childhood education programs and transportation may not be available or accessible.

THE FAMILY SUPPORT SYSTEM: A Model for Preventing Damaged Lives

Following is a model for a prevention service delivery system that links vulnerable families with the resources and support they need to adequately function. The model proposes a community-based, culturally sensitive, cross-program system that addresses the needs of children and families regardless of the specific "categorical" definitions that might apply.

The goals of the system are to:

- Promote the healthy growth and development of young children.
- Strengthen and enhance family functioning.
- Build on local public and private agency resources to develop family unity and strengthen the community support system.
- Provide a unified structure for resource management.

To achieve these goals existing public and private services must be integrated. All too often conditions and root causes of families' problems have been treated in the categorical and often parochial context of the intervening agency and only after a crisis occurs. Current service delivery mechanisms neither reach families early enough to be helpful, nor provide intensive and sufficiently comprehensive services to make long-lasting differences in families lives. All relevant agencies, therefore, must work together to promote healthy children and strong families. This calls for a change in the philosophy and policies of both public and private agencies that will allow for:

- Focus on the child as a whole human being and the family as a whole entity.
- Interagency collaboration and coordination of services in response to this focus.
- Resources that follow the child and the family, not the other way around.
- Mechanisms for the timely exchange of information.
- Interagency staff training.

- Interagency planning processes that are open to revision and adaptation based on the changing needs of children and families.
- Systematic monitoring and evaluation of all services provided.

Once these policy and administrative changes in the traditional services delivery system have been made, a rational approach for access to and delivery of a matrix of prevention services must be implemented.

Family Support System Core Components.

Individual families differ in their need for social and health services to prevent family disintegration and to promote the healthy growth and development of children. It is well established, however, that to prevent damaged lives families need access to the following core prevention services.

Comprehensive Health Care, including prenatal and post-partum care, well-baby care, immunizations, developmental screening, nutritional assessment and education, and dental care. These services assure an even start in life for all children. A foundation for life-long health, preventive health care and early treatment for illness contribute to physical and mental health, self-esteem, and a sense of well being. Comprehensive health care is available from public and private providers in the community including county health departments, community health care centers, health maintenance organizations, well baby clinics, WIC nutrition sites, and hospitals. Many prevention health care services such as developmental screenings, well baby care, immunizations and health education can be provided in the home by public health nursing services.

Early Childhood Development and School Success Programs, including high quality infant, toddler, and preschool child care, early intervention services, and developmentally appropriate esteem and skill building programs. All of these programs have evolved out of an expanding knowledge base about the tremendouse impact of early experience on the development of children's social and intellectual competencies. They are designed to optimize the quality of daily interactions between children, their parents and caregivers. They foster positive peer relationships as well as parent-child relationships that will meet the child's primary need for nurturence, protection, stimulation, comfort and socialization. When children have the support of competent, well-functioning families, plus a positive self-image and the ability to relate well to others, their chances for success in school and in life are vastly improved.

Early childhood and school success programs may be provider-based or offered in the home. They may be offered by public or private preschools, child development centers, family service agencies, community colleges, universities or employers. Elementary schools can incorporate into their curricula more advanced skill-building programs that focus on coping, decision-making, peer

pressure and self-esteem. Regardless of the setting, the content of these programs usually includes modeling and reinforcing age appropriate parent-child and peer interaction, teaching age appropriate child rearing and socialization practices, and providing assistance and support in accessing needed resources in the community.

Family Living Skills, including parenting skills training, communication skill building, family counseling and mediation, home management and budgeting, and crisis management. These "life" skills are necessary to the healthy functioning of all families. For many reasons, some parents never experienced or had opportunity to learn these skills. When parents learn to effectively manage in their home and community environment, their children experience less stress and do not need to assume responsibilities that are beyond their developmental capability. These services are usually available through family service agencies, county cooperative extension agencies, child development centers, Head Start programs, and community and neighborhood centers.

Employment Programs, including employment training and job readiness, literacy and educational remediation programs. Such programs include those offered through the Job Training Partnership Act (JTPA), federal/state funded vocational rehabilitation and training, displaced homemaker programs, and those aimed at retraining workers whose job skills are no longer applicable because of technological advances or changes in the employment base of the community. When families cannot adequately feed, house or cloth their children they are also deprived of dignity and hope. Income maintenance (including Aid to Families with Dependant Children) and emergency assistance programs should keep families together when they experience illness, loss of employment or are unable to find work. When these programs provide decent minimum benefits along with training for jobs with adequate pay, both the body and spirit are fed and nurtured.

Youth Development Programs are essential components of a prevention system. These programs include after school recreation and tutoring, youth mentoring like Junior Achievement, summer educational enrichment such as computer, math and science camps. These programs provide extra support to youth as they transition to adulthood and adult responsibilities. Girls and boys clubs, community youth centers, YMCA 's and YWCA 's, Big Brothers/Big Sisters, and 4-H clubs all provide needed programs to support and assist youth.

Housing is critical to any system that supports at-risk families. Decent, affordable housing provides a safe and stable environment for children and parents. Affordable housing should be available in every community. Subsidized housing for low income families and those who rely on income maintenance programs should be readily available so that eligible families do not have a lengthy wait (sometime years) for this essential commodity. In addition, programs must exist that provide

emergency shelter for families that are evicted and homeless because of loss of income due illness or joblessness. These families also need services to help them locate temporary or transitional housing as they regain their resources. Housing is the base for family life and the focal point for child guidance and nurturing.

Transportation is a core component of a prevention system. None of the above programs are workable unless children and families can physically access them. Where local mass transit is available people need to know of route schedules, times and connector service. Where it is not available the gap must be filled by customized "Dial-a-ride" service and volunteers willing to provide routine and emergency transportation to prevention providers. Transportation programs that use volunteers are especially important in rural areas where mass transit and other high utilization services may not be available.

SYSTEM MANAGEMENT

A Management Structure that links these preventive programs together is the linchpin of a Family Support system. Supporting families and preventing damaged lives requires the availability of all of the above core programs. But for this system to effectively change the outcomes for children and families, the matrix of services must be organized and managed so that all services are family-focused, accessible, complementary and continuous. Families must be able to enter and exit the system as their life-stage needs dictate. The Management Structure must assure comprehensive family needs assessment, the availability of assistance with program eligibility and other procedures required to receive services; and a coordinated delivery of multiple services. Management also must conduct periodic evaluation of the system for the community; assessing whether the system is indeed serving its intended purpose and achieving the goal of preventing damaged lives. Key to the Management Structure is designation of a "systems manager" who has the authority, responsibility and resources not only to provide and coordinate a packaged set of prevention programs, but to measure and be accountable for their effects on children and families over time.

SERVICE DELIVERY MECHANISMS

There are multiple mechanisms employed to identify and reach at-risk families and link them to community and neighborhood services. These mechanisms include: Community Information and Education, Home Visitor Outreach and Support, Case Management and Advocacy. These mechanisms for reaching families and assuring the provision of prevention services may be organized and provided by a single agency in a center specifically designed to deliver these services. Also, the

systems manager, in collaboration with community agencies, may arrange for these services to be available from a variety of sources. Regardless of the base for services, these essential delivery mechanisms must be coordinated and "user friendly" with virtually no eligibility requirements.

Following is a description of these delivery mechanisms and how they might operate through a Family Resource Center.

FAMILY RESOURCE CENTER

Ideally, a Family Resource Center is located in neighborhoods where vulnerable families live. It could be a self-contained facility. It might also be in a community center, a school; a neighborhood health or mental health center, or family service agency. It is staffed with a team of caring professionals that develop trusting relationships with families. The center may offer or be the site of some of the aforementioned prevention programs, but its primary function is systemic—to support families by helping them negotiate and maximize access to these programs. The center can house: (1) Community information and education; (2) Outreach and home-based services; (3) Case management and advocacy; and(4) Partial or entire prevention (family support) programs as previously described.

Community Information and Education. Information about family support services and other prevention services in the community is disseminated by the center. Both formal and informal information mechanisms, including neighborhood newspapers, church bulletins, neighborhood gathering places and grocery store bulletin boards, may be used. The center staff also show up at various community meetings and events to talk about center services and receive referrals. Special programs and events, such as a community baby shower, sponsored by the center, provide the opportunity to meet families and impart useful and practical information and education. The center also has a vital role in educating community policy makers and service providers about the conditions and needs of at-risk families.

Outreach and Home-Based Service. The Family Resource Centers employ, train and supervise home visitors who are selected for their knowledge of multi-risk families, empathy and skills to empower these families. Reaching out to families in their own homes is a powerful intervention tool that can improve the family's self-sufficiency and child rearing capacity. For example, home visitors might be referred to high-risk pregnant women or very young mothers in need of perinatal health care. Through home visits they work to build trusting, consistent, and supportive relationships. They mobilize services to meet families needs, assist in getting material supports, and often provide small but critical gestures such as rides to the grocery store or health clinic.

Case Management and Advocacy. A critical function of the staff of the family resource center is to increase access of high-risk families to core prevention services and traditional treatment and remediation services (many of them government-funded) in the community. This accessibility function may by performed by a case manager or "family advocate." The job of family advocates is to go beyond simply referring families to services such as health and child care, income maintenance, and employment, housing, and transportation. They ensure that common barriers to needed services such as lack of transportation and child care, illiteracy, fear, geographic and psychological remoteness are eliminated or reduced. Utilizing traditional case management skills, they take necessary action to assure that desperately needed services are within reach. In effect they work to gentle the heavy hand of the traditional bureaucracies on fragile families.

Family advocates help families navigate the prevention system. They "knit together" the core prevention programs at the individual family level. In addition they know treatment resources and the criteria for qualifying for needed services such as legal aid, food stamps, or mental health care. They help family members make appointments or fill in application forms. Sometime they argue and advocate — helping a family file an appeal for denied services. They establish respectful, trusting relationships with families based on the right of families to participate in the decisions that affect the lives of their children, rather than to serve simply as passive clients in a traditional dependency mode.

Center-Based Family Support Services. The Family Resource Center may also provide a social hub for parents and young children who need meaningful connections with other parents and children as well as professionals and other community resources. The center is a friendly place to socialize as well as access such on-site prevention programs as:

- A 24-hour warmline, providing information to families with a variety of needs.
- Infant, toddler, and preschooler parenting groups to help parents learn to meet the changing developmental needs of their children.
- English as a second language classes.
- Literacy instruction and job skills such as how to apply for and advance in a job.
- Well baby check-ups, WIC and nutritional services.
- Teen recreation activities.
- Drop-in child care or respite child care.
- Parent support groups.

The center may also accommodate periodic visits by the staff from other community programs and services such as Women, Infants, and Children (WIC) program, Community Legal Services, County

Extension classes in nutrition and home management. Ideally, the services made available at the center are in accordance with community needs and are provided with the input and advice of the families that use them.

One Family's Experience.

The following describes how one family with multiple problems would receive help from an integrated, coordinated prevention service system. This one parent family is raising children in a high-risk neighborhood.

High school student Sarah Harding was first referred to the family support system by the school nurse. Knowing that a troubled teenager was unlikely to initiate the first contact, **home visitor** Joan Durant went to the family's apartment on a Saturday morning hoping to find most of the family members at home.

At first Sarah and her mother are reluctant to discuss their problems with Joan. Gradually, however, the home visitor's knowledge of the community and her understanding of the obstacles Mrs. Harding faces as a single parent coping with both poverty and family pressure, makes them feel more comfortable, and they began to talk more freely about their situation.

The home visitor already knows from the nurse's report that Sarah is about five months pregnant, unmarried, and that she has not yet seen a doctor. During the conversation Sarah tells her that she intends to keep the baby, a position her mother supports.

Besides Sarah, Joan learns the Harding family includes two other children, a four-year-old girl and a nine-year-old boy. Twice married and divorced, Mrs. Harding receives child support irregularly and can not count on it as a steady source of income. Instead the family relies on the minimum wage, hourly pay she receives as a seamstress for a nearby clothing manufacturer, plus food stamp allotments.

For Joan, the immediate problem is Sarah's pregnancy. Teenagers often are afraid to tell their parents about the pregnancy. Many go to almost any length to conceal their condition, including wearing too-tight jeans and eating as little as possible — practices that can contribute to stunted fetal growth.

Joan is not surprised by Sarah's reluctance to visit a doctor. She is aware that many teenagers fear doctor's visits (especially with male physicians) because they don't know what to expect. In some cultures, visits to the physician are limited to times of sickness and pregnancy is not considered a sickness.

It may take several conversations with Sarah before Joan can convince her of the need to seek **prenatal care**. As a home visitor, Joan's work frequently goes beyond the obvious, and she uses the time spent with Sarah and Mrs. Harding to increase their awareness of **nutritional** needs and, in particular, the responsibilities Sarah will soon face as a single teenage parent.

Joan's second objective is to get the youngest Harding child enrolled in a **preschool** program that will prepare her for kindergarten. The child appears to be well-cared for, although her education and social skills have been seriously neglected, conditions common in multiple-problem families and often leading to later failure in school.

As Joan works with the family, she continues to introduce them to other programs and social support services appropriate for each member's needs. Some of these services are nearby at the **Family Resource Center**. **The family advocate** working in the family support system is involved in **family needs assessment** and **case planning** so that Joan is not solely responsible for the Harding family. For example, the Harding boy needs a tutor and a place to go **after school** instead of the streets. The Family Resource Center offers several **recreation programs** that build esteem and promote socialization and peer interaction. Mrs. Harding is interested in improving her **job skills**, but first she needs a reliable baby sitter. Sarah needs **transportation** to her monthly visits with the doctor. Fortunately, **prenatal and parenting classes** held at the neighborhood Family Resource Center are within walking distance of Mrs. Harding's apartment. Other services for Sarah include a **referral** to AFDC and **supportive counseling** to keep her in school or **enrolled in a GED program**. Mrs. Harding may also need a **housing referral**, when Sarah's baby is born. **Case management** is provided so that Mrs. Harding and her children have access to needed community services and that those services are maintained until no longer needed.

The prevention of damaged lives will require both broad political and philosophical change. The final section of this prevention strategy for Arizona describes the steps necessary to begin creating a system that can reverse the rising tide of child and family failure.

SECTION THREE

HOW TO GET THERE FROM HERE

Never underestimate the power of a small group of committed people to change the world. Indeed, that is all that ever has.

Margaret Mead

To create a coherent, comprehensive, **Family Support System** requires a combination of political will, technical expertise and programmatic experimentation. Political, business, and community leaders along with program administrators must begin to focus on the long horizon. They must be prepared to conceptually distinguish between prevention and treatment, rethink and reorient service organizations, finance, and delivery and to make a generation of investment before expecting prevention's greatest payoffs. The purpose of this section is to describe how to begin creating such a system. Three strategies are recommended: (1) Demonstrate the efficacy of prevention through model programs, (2) Community education/advocacy, (3) Reform of the existing child and family service system.

I . DEMONSTRATING THE EFFICACY OF PREVENTION THROUGH MODEL PROGRAMS

There are many contributing factors to today's litany of child and family problems. By and large, however, research and program evaluation data have led to consensus that prevention pays, not only economically, by returns of three to 10 dollars saved in social costs for every dollar invested, but also socially and spiritually. The data have shown us that programs with the following characteristics can work:

- They focus on early life and assist parents to be parents.
- They provide early, comprehensive, and concentrated intervention strategies and recognize families as the primary social unit affecting children's well-being.
- They are community-based with significant local control that strengthens existing community resources, as much as possible, and make full use of parents as paraprofessionals and volunteers.
- They are culturally appropriate and honor the diversity of cultural traditions.
- They are managed and coordinated to assure that services are accessible and effectively delivered.

A concerted and conscientious effort will be undertaken to implement community-based demonstration projects with these characteristics. The primary purpose of the projects will be to show that early and sustained intervention in the lives of vulnerable children and their families can result in positive outcomes, if a comprehensive system as described here is implemented. The key is to demonstrate that coordinated delivery of comprehensive services reduces the risk of family

dysfunction and results in stronger, healthier families and children. The program models for the projects will include components that: 1. reflect the findings of successful projects in communities across the country, such as those described in Attachment A; 2. utilize the knowledge gained from the Arizona Community Foundation's Children "At-risk" study and 1988/90 grants program, and the Tucson Community Foundation's 1990 Needs Assessment Study; and 3. that incorporate the attributes of a model family support system as described in Section Two of this report.These models should be demonstrated in at least two pilot sites — urban and rural.

II. THE ARIZONA CHILDREN'S CAMPAIGN

Demonstration projects absent a broader context of community education/advocacy about the needs of children, in general, and the virtues of prevention, in particular, cannot realize their full strategic value. The Arizona Community Foundation's Children "At-Risk" study, noted that, "Although there is no clear support for prevention, the current level of political sophistication of officials and the public leaves the door wide open for the positive impact of a campaign to increase legislative support for children's issues." The Arizona Children's Campaign was launched in June 1990 to take advantage of that open door.

The campaign is a comprehensive, multi-year, community education effort based, in part, on the agenda in this report. The goal of the campaign is to make children's problems and needs the subject of intense statewide thought, debate, and action. To accomplish this goal, three interactive campaigns are being developed and implemented: the public campaign, the supporters' campaign, and the policy and lawmakers campaign. Their specific purposes and activities are as follows.

The Public Campaign

Using the news media and with help from the Children's Defense Fund and local advertising executives, the link between investing in children and a healthy economic and community environment will be demonstrated. Through videos and public service spots on radio, television, and in the print media and by other communication techniques, broad-based support will be built.

The Supporters' Campaign

The goal of this campaign is to develop well-informed supporters of programs and funding for vital child and family services. Through localizing the news media messages and by conducting forums and focus groups in communities around the state for local elected officials, community leaders, and the public at large, the Arizona Children's Campaign will develop a core of committed and active supporters on the local level.

The Policy and Lawmakers' Campaign

Educating decision makers about the plight of the state's children and convincing them to support effective strategies to improve the chances of each of Arizona's children for a healthy, independent future will be the goal of this campaign. To accomplish this, legislative and business leader meetings will be convened to present relevant information. Legislative candidate and gubernatorial forums will be conducted which will focus exclusively on children's issues.

These three campaigns that makeup the larger "Arizona's Children's Campaign" provide an educational and communications framework in which the rationale and results of singular model demonstration projects can be promoted.

III. A RESTRUCTURING OF CHILD AND FAMILY SERVICES

Without the restructuring of child and family services, the long term success of any model program is in jeopardy. The present service delivery system, as well as the policy structure itself, is beset by problems resulting from separate funding streams, inconsistent eligibility criteria, a focus on reactive programs, and legislative organization that preserves service fragmentation.

Over the past number of years, numerous reports and commissions have recommended relatively modest efforts to develop greater coordination and efficiency in the delivery of children's services in Arizona and to recognize the critical importance of the family to children's well-being. Few of the recommendations have been implemented; neither have they involved a more sweeping, substantive exploration of the ways in which children and families' needs are perceived and defined.

Arizona's vulnerable children and families now need leaders who are prepared to confront the challenge of producing a flexible and sensitive system of services for children and families, and one where dollars follow families rather than following problems. This system must recognize that, while categorical type services can help ensure that selected populations receive help, they can also unrealistically exclude families who desperately need and want help but do not happen to fit within specialized eligibility criteria.

CONCLUSION

We cannot go back and change the last decade of neglect of Arizona's children. But we can use the knowledge about programs and strategies that do work to prevent and reduce damaged lives. If these programs and strategies were available in Arizona on a larger scale, they would be powerful weapons in our struggle to give to all of Arizona's children the foundation to become healthy and productive citizens.

Traditional government programs assume that families, on their own and without any assistance, can and should responsibly meet all the needs of their children. Established within this framework, the public system of services is not designed to help all or even most families, but only those families and children with exceptional needs — the orphaned, the disabled, the conspicuously dysfunctional. The reality is that contemporary economic and social conditions call for new approaches to child and family programs and the establishment of supportive public policy for all families. As well, this new approach requires a clear definition of the role of the private sector and their active participation in both the creation, development and evaluation of these programs.

The core aspects of these new programs — a family-centered approach, early support, creative use of local resources, and a comprehensive multi-disciplinary approach — point toward the need to take a critical look at restructuring our present system of delivering services to children and families beyond treatment and remediation. This report provides a framework for Arizona and for local communities to take that critical look and then begin creating a family support system based on sound principles and practices of prevention.

ATTACHMENTS

ATTACHMENT A

LESSONS FROM PIONEERING STATES

The past few years have seen an impressive increase on the part of state governments and private funders in family support and education as a means of preventing costly later problems. Effective and innovative programs in several states can provide us valuable lessons in our efforts to reduce Arizona's people problems.

Although they vary widely these programs share certain ideologies and characteristics:

- They are based on evidence that demonstrates the influences of the family environment on children's behavior and cognitive development, and they take an ecological approach to human development, working with parents or families, rather than exclusively with children.
- They provide opportunities for parents to learn about their child's social, psychological, and cognitive development.
- They support families both formally and informally.
- Rather than assuming family deficits, they emphasize and build on family strengths.
- They emphasize prevention and family maintenance rather than remediation.

Maryland's Family Support Centers

The Maryland Department of Human Resources launched its Family Support Centers in 1985 under contract with four agencies. The initial four sites, which were drop-in centers, were operated by a church, an economic opportunity committee, a local development corporation, and a Catholic Charities group. Goals of the project are to reduce teen pregnancy, improve adolescent parenting, enhance growth and development of children, and keep teen parents in school and job training.

Now administered by a newly created entity called Friends of the Family, the Family Support Centers are supported by a mix of state and private funding. In 1989 total funding of over $2 million from the state and several private foundations expanded the project to 11 sites serving over 3,000 individuals. Services include health care and family planning, diagnostic and assessment services for parents and children, temporary child care, peer support activities, educational opportunities including GED, job preparation, and parenting skill development.

Missouri's Parents as Teachers Program

In 1984, the Missouri legislature passed the Early Childhood Development Act which mandated parent education and screening of children from birth to age four in all of the state's 543 school districts. Based on the work of Burton White of Harvard University, the Parents as First Teachers Program is based on two fundamental concepts: first, that parents are the child's first and most influential teachers, and second, that children are 90 percent formed intellectually and socially by the age of three.

Program goals include providing information and educational guidance during each early stage of development through home visits, stress reduction, and enhancing the pleasures of parenting, and reducing the need for later remediation and special education. Although all parents of young children are eligible, special efforts are made to enroll first-time mothers and fathers and at-risk families.

Initial funding from the legislature was $2.7 million with additional support coming from the Danforth Foundation. In 1988 total funding was $11.8 million, and the program served 53,000 families throughout the state. Extensive formal evaluation of the program with matched controls has demonstrated impressive gains in program children, including increases social, intellectual, and language development. Parents show increased child development knowledge and positive attitudes toward their schools.

Illinois' Beethoven Project

As one of the first programs to attempt the delivery of comprehensive, coordinated early childhood services, the Beethoven Project is a true pioneer. Named after the school district in which it is located, the project is housed in the Robert Taylor Homes, a housing project on Chicago's south side.

Also known as the Center for Successful Child Development, the program first opened in 1987 and is jointly sponsored by the Chicago Urban League and the Ounce of Prevention Fund. Major funding comes from the US Department of Health and Human Services, the Harris Foundation, and the Robert Wood Johnson Foundation, with additional funding from the state of Illinois and other public and private sources. The project currently serves 155 families and has an annual budget of $1.4 million.

Goals of the Beethoven project are to promote healthy growth and development of children from before birth through age five in all domains; to prepare them for achievement at entry to formal schooling; and to help parents build on their strengths as individuals and as parents. The breadth and intensity of stressors experienced by families in this extremely poor, isolated, and hostile

far exceeded the expectations of planners and staff. As a result the services offered are continually evolving in response to new insights into the needs of families.

Currently the program includes primary health care, prenatal and postpartum care, a drop-in family support center, a Head Start Center, a home visitor family advocacy component, a teen pregnancy program, a job training program, a drug abuse prevention program, an infant mortality prevention program, and an infant/toddler day care center. Extensive efforts are made to recruit families within the housing project into the programs and link them to resources beyond those directly provided.

Hawaii's Healthy Start Program

At the center of attention for its pioneering work in child abuse prevention, the Hawaii Family Stress Center has expanded its impressive pilot project throughout the islands. During the three-year pilot, a hospital-based screening process was developed to identify parents at high-risk for abuse and neglect. Approximately 30 percent of all high-risk parents on the islands have been identified at a cost of $1.6 million annually. Of the 241 infants involved in the pilot only two percent were neglected, and NONE were abused. Average incidence of abuse and neglect among the general population in the first year of life is 20 percent.

Based on these remarkable results, legislation to expand the project throughout the islands was passed, and funding of $6 million was appropriated for fiscal year 1990-91. The annual cost of providing services to a high-risk family is estimated at $2,000, compared to $6,000 for foster care, and $30,000 for a prison cell. Program advocates are quick to point to studies that show the high percentage of violent criminals who were severely abused as children, as well as the $123 million corrections budget in Hawaii.

The goals of the Healthy Start Program are to identify all high-risk births stateside; prevent abuse and neglect among program infants; promote healthy child development within project families; and link medical, social, and community resources. The program provides home visitors to high-risk families for up to five years. It is the first state-funded child abuse prevention program that uses a family support model.

ATTACHMENT B

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About the Children's Action Alliance

The Children's Action Alliance is a statewide non-profit organization that works on behalf of Arizona's children through research, education and advocacy. Our goal is to increase understanding of the high economic and social stake that we have in what happens to our children.

The Alliance's work is focused primarily on vulnerable children and families and includes a broad range of issues and collaborative efforts to create a prudent investment in Arizona's youngest citizens. The Board of Directors is made up of business and community leaders who believe that the quality of life of our state's children is the most important determinant of Arizona's future.

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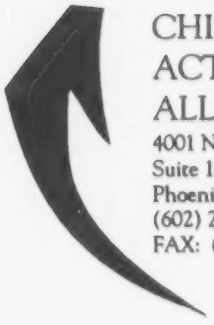

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